



**Kentucky State Government Employee  
Payroll Deduction Authorization Form**

If you are a Kentucky state government employee who wants to pay your KAPT monthly payment through payroll deduction, please complete this form and **return it to the KAPT office** by mail to KAPT, KHEAA, PO Box 798, Frankfort, KY 40602-0798. This form is available at [www.getKAPT.com](http://www.getKAPT.com), or you may request it by e-mail to [sray@kheaa.com](mailto:sray@kheaa.com) or by calling 1-888-919-KAPT and pressing option 3.

Please note the following:

- You must open a KAPT account by submitting a KAPT application and application fee during a KAPT enrollment period before requesting KAPT payroll deductions. (Newborns can enroll year round.)
- KAPT payments can be deducted from the paycheck that is received on the 15<sup>th</sup> of the month (16<sup>th</sup>-30<sup>th</sup> pay period) or split between the 15<sup>th</sup> and 30<sup>th</sup> paychecks. If you split your deduction, your first deduction should begin with the paycheck you receive on the 15<sup>th</sup> of the month.
- Your total deduction amount must equal the amount due to KAPT each month for all of your KAPT accounts.
- KAPT payments are **after-tax** contributions.
- Contact the KAPT office if you move to a different state agency or if you leave state government.
- Submit an amended payroll deduction authorization to the KAPT office if you want to make any change to your payroll deduction (for example, a change due to the upgrade, downgrade, payment in full, or addition of a KAPT account).

Employee name: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Agency name: \_\_\_\_\_

Agency address: \_\_\_\_\_

I hereby authorize my employer to make the following payroll deduction effective with the pay date of \_\_\_\_\_ (must be on the 15<sup>th</sup>).

This represents: \_\_\_\_\_ New Authorization \_\_\_\_\_ Amendment

The total deduction amount shall be \_\_\_\_\_ and shall be either (choose one) \_\_\_\_\_ split between all pay periods or \_\_\_\_\_ deducted entirely from the 2<sup>nd</sup> pay period (15<sup>th</sup> paycheck).

This deduction will continue until changed or cancelled by the employee through submission of an amended payroll authorization form.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_